

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Campaign Solutions</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address <b>117 N. St. Asaph Street</b>		Amount <b>3950.00</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.4230</b>
Purpose of Expenditure Voter contact-email		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Donald J. Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1640697.59</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>DDC Advocacy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address <b>805 15th Street, N.W. Suite 300</b>		Amount <b>59774.72</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.4188</b>
Purpose of Expenditure Direct mail services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Donald J. Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1548226.86</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>63724.72</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Jamie Jodoin*

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 29 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DDC Advocacy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address 805 15th Street, N.W. Suite 300		Amount <b>4816.44</b>	
City Washington	State DC	Zip Code 20005	Transaction ID : <b>SE.4223</b>
Purpose of Expenditure Voter contact	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

1631931.15

Full Name of Payee <b>GCW Media Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address 1215 K Street Suite 2260		Amount <b>119615.00</b>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : <b>SE.4232</b>
Purpose of Expenditure Media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

1760312.59

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>124431.44</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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**(Schedule E)**PAGE 3 OF 5  
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NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>GCW Media Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address 1215 K Street Suite 2260		Amount 119615.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : <b>SE.4258</b>
Purpose of Expenditure Media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>SPL Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address 107 S. West Street, #461		Amount 28973.32	
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SE.4260</b>
Purpose of Expenditure Media production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	148588.32
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) <b>Our Principles PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00603621
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>SPL Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>
Mailing Address 107 S. West Street, #461		Amount 28973.32
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media production	Category/Type	Transaction ID : <b>SE.4262</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought 538998.70		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>SPL Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>
Mailing Address 107 S. West Street, #461		Amount 20118.94
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media placement	Category/Type	Transaction ID : <b>SE.4264</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought 1851406.19		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	49092.26
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SPL Strategies, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 28 / 2016</b>	
Mailing Address <b>107 S. West Street, #461</b>		Amount <b>20118.94</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.4266</b>
Purpose of Expenditure <b>Media placement</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Donald J. Trump</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>20118.94</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>405955.68</b>

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